

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Title::	ANALGESIC AGENT
Attorney Docket Number::	244826US0CONT
Total Drawing Sheets::	2

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	JAPAN
Status::	FULL CAPACITY
Given Name::	Motoyuki
Family Name::	NAKAMURA
City of Residence::	Kitaibaraki-Shi
State or Province of Residence::	Ibaraki-Ken
Country of Residence::	JAPAN
Street of Mailing Address::	A-101, Oak Court Omori, 5-26, Isoharacho-Isohara
City of Mailing Address::	Kitaibaraki-Shi
State or Province of Mailing Address::	Ibaraki-Ken
Country of Mailing Address::	JAPAN

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	JAPAN
Status::	FULL CAPACITY
Given Name::	Toyokichi
Family Name::	YOSHIZAWA
City of Residence::	Kitaibaraki-Shi
State or Province of Residence::	Ibaraki-Ken
Country of Residence::	JAPAN
Street of Mailing Address::	1-1-8, Otsucho-Kitacho
City of Mailing Address::	Kitaibaraki-Shi
State or Province of Mailing Address::	Ibaraki-Ken
Country of Mailing Address::	JAPAN

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: CHINA
Status:: FULL CAPACITY
Given Name:: Yu-Ming
Family Name:: CHI
City of Residence:: Kitaibaraki-Shi
State or Province of Residence:: Ibaraki-Ken
Country of Residence:: JAPAN
Street of Mailing Address:: 5-102, Isoharacho-Isohara
City of Mailing Address:: Kitaibaraki-Shi
State or Province of Mailing Address:: Ibaraki-Ken
Country of Mailing Address:: JAPAN

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: JAPAN
Status:: FULL CAPACITY
Given Name:: Toshihiro
Family Name:: NOHARA
City of Residence:: Kumamoto-Shi
State or Province of Residence:: Kumamoto-Ken
Country of Residence:: JAPAN
Street of Mailing Address:: 2-41-4, Nagaminehigashi
City of Mailing Address:: Kumamoto-Shi
State or Province of Mailing Address:: Kumamoto-Ken
Country of Mailing Address:: JAPAN

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: JAPAN
Status:: FULL CAPACITY
Given Name:: Shinobu
Family Name:: SAKURADA
City of Residence:: Sendai-Shi
State or Province of Residence:: Miyagi-Ken
Country of Residence:: JAPAN
Street of Mailing Address:: 7-3-1, Takamori, Izumi-Ku
City of Mailing Address:: Sendai-Shi
State or Province of Mailing Address:: Miyagi-Ken
Country of Mailing Address:: JAPAN

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/765,425	01/22/01

FOREIGN PRIORITY INFORMATION

Application Number:	Country::	Filing Date::	Priority Claimed::
2000-013449	Japan	01/21/00	YES

ASSIGNMENT INFORMATION

Assignee Name:: Seiwa Pharmaceuticals, Ltd.
Street of Mailing Address:: 12-15, Shibadaimon 1-Chome, Minato-ku
City of Mailing Address:: Tokyo-To
Country of Mailing Address:: JAPAN